

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM IFO-875)

SERIAL NO.
10/698715
APPLICANT(S)

FILING DATE
5/5/05

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1	1		
2				1		
3				1		
4				1		
5			1			
6				2		
7				1		
8				1		
9				2		
10				1		
11				1		
12				5		
13				5		
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TOTAL IND.			3			
TOTAL DEP.			27			
TOTAL CLAIMS			30			

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